



BTX Global Logistics - Cargo Claim Form

TO BE COMPLETED BY THE CLAIMANT

Please Fax or Mail This Report with Supporting Documents to BTX Global Logistics
375 Bridgeport Avenue, 2nd Floor, Shelton, CT 06484
(203) 925-5905 or
(203) 925-5938 Facsimile



Date of Report: _____ Your Ref. # _____

Company Name: _____ Contact: _____

Mailing Address: _____

Phone: _____ Fax: _____

Shipper: _____ Consignee: _____

Insured/Declared Value: _____ Invoice Amount: _____

Certificate of Insurance #: _____ BTX Airbill #: _____

Date of AWB: _____ From: _____ To: _____

Date of Delivery: _____ Date of Discovery: _____

Weight of the Damaged/Missing Goods: _____ Description of Goods: New Used Refurbished

Description of Shipment/Cargo (Container #, Number of Boxes, etc.): _____

Location of Goods: _____

Describe Damages: _____

Amount of Claim: \$ _____ Do You Have Your Own Cargo Insurance?: Yes No



The Following Claim Documents need to be Submitted:

- Commercial Invoice (actual cost of goods) Packing List
- Photographs (important to determine claim) Repair Bills/Estimates
outer carton as well as damaged goods
- Survey Report Other



Claimant's Signature: _____ Date: _____

Print Name: _____ Title: _____

General Time Limitations for Filing Claims (Always Refer to the Airbill or Bill of Lading for Specific Time Limitations):

- Claims for loss or damage must be filed in writing with Forwarder within 30 days after the date of acceptance of the shipment by BTX
- Claims for concealed loss/damage must be reported to the Forwarder in writing within 2 business days after the date of delivery, with privilege to the Forwarder to inspect the container(s) and contents within 15 days after receipt of such notice.
- No claim will be processed for payment until the air way bill is paid in full.